



# Hualapai Tribal Youth Council

# **IDENTITY**

## **2014 Summer Youth Conference**



**July 23, 24, 25, 2014 Peach Springs, AZ**

Hualapai Youth Services POB 397/488 Hualapai Way, Peach Springs, AZ 86434

Phone: (928) 769-2207 Email: pete.imus@gmail.com Fax: (928) 769-2884

## **Registration Form**

**Deadline: July 16th**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **◆ For participants 17 and younger**

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Participant Agreement**

Participant must initial all items below and sign.

I agree to the following:

I will dedicate myself to making positive decisions at this event, which includes not consuming or possessing any alcohol or illegal drugs before, after or during the event and not engaging in any inappropriate behavior of any kind. \_\_\_\_\_

Participant Initials

I will commit to attending all activities and be on time. \_\_\_\_\_

I will respect my peers, presenters and other. \_\_\_\_\_

I understand that any violation of any of these guidelines will lead to an adult chaperone or event staff person monitoring my behavior. If serious enough, I may be asked to leave the event. \_\_\_\_\_

### **Parents/Guardians**

I will not hold the Hualapai Tribe, hosting facility, hosting organization responsible for any injury, illness, or death my child may encounter while attending this activity.

I also authorize Hualapai Youth Services the use of any live images, still images, audio recordings, video recordings, photographs, written quotes, or likeness of my child named above of whom I am the parent/guardian; which may be used in any form of media produced by Hualapai Youth Services and will be the property of Hualapai Youth Services which will be used in nonprofit and/or educational media and be distributed as such by Hualapai Youth Services.

### **Signatures**

Participant

Date

Parent/Guradian

Date